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RUCNASE/ASEAN MEMBER COLLECTIVE  
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RUEAUSA/DEPT OF HHS WASHINGTON DC  
RUEHRC/DEPT OF AGRICULTURE WASHINGTON DC  
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UNCLAS SECTION 01 OF 03 PHNOM PENH 000272

SENSITIVE  
SIPDIS

STATE FOR EAP/MLS, G/AIAG, OES/IHA, MED, S/ES/MLIBBY  
STATE FOR USAID/ANE, OFDA AND GH  
BANGKOK FOR REO/HHOWARD  
BANGKOK FOR OFDA

E.O. 12958: N/A

TAGS: [KFLU](#) [AEMR](#) [ASEC](#) [CASC](#) [KFLO](#) [TBIO](#) [KSAF](#) [KPAO](#) [PREL](#) [PINR](#)

AMGT, MG, EAGR, CB

SUBJECT: MGSF01: CAMBODIAN RESPONSE TO GLOBAL H1N1 OUTBREAK

**11.** (SBU) SUMMARY. There has not yet been any evidence suggesting cases of H1N1 in Cambodia. The Royal Government of Cambodia (RGC) issued a statement April 27 outlining its activities since the outbreak in Mexico began, including increased animal and human health surveillance and inventories of medical supplies. The RGC is considering banning imports of live pigs from H1N1-affected countries, but has not yet implemented such a ban. The two international airports have implemented thermal screening procedures to monitor passengers arriving in-country. On April 28, the Ministry of Health (MOH) convened a health sector swine influenza working group with donors to address the country's medical and public health responses.

**12.** (SBU) Post's Emergency Action Committee (EAC) convened on April 29 to review Post's contingency plans and tripwires, as well as the RGC's pandemic preparedness activities. In addition to the EAC meeting, Post has taken the following actions: 1) obtained information on the actions taken by RGC; 2) coordinated with other donor organizations; 3) organized the development of a Management Notice and Warden Message that provide information about H1N1; 4) distributed the April 27 Office of Overseas Schools letter to the international schools in Phnom Penh; and 5) made preliminary contact with the USAID Office of Foreign Disaster Assistance's Regional Office in Bangkok. Post is well positioned to respond to a potential pandemic outbreak due to the in-country presence of the Centers for Disease Control and Prevention (CDC), Naval Medical Research Unit (NAMRU-2), the Post Medical Officer, USAID Public Health Team, and other offices. END SUMMARY.

**13.** (SBU) In response to the H1N1 outbreak in Mexico and reported cases in the U.S., the Emergency Action Committee (EAC) convened April 29 to review Post's contingency plans and tripwires and the Royal Government of Cambodia's (RGC) pandemic preparedness activities. Post's Medical Officer, CDC and NAMRU-2 briefed the EAC on current medical information available from the CDC and World Health Organization (WHO). All Post preparations, including recommended levels of medical supplies, have been reviewed and are in order. Post has issued a Management Notice to the embassy community, which has been shared with EAP/MLS. The Consular Section sent a warden message to the broader American community with information about precautions to take and where to go for official updates and authoritative information. A copy of the warden message has been sent to CA.

NO EVIDENCE OF H1N1 IN CAMBODIA

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**¶4. (U)** There has been no epidemiologic or laboratory evidence suggesting H1N1 in Cambodia. Influenza-like illness (ILI) surveillance conducted by the MOH at six provincial hospitals nationwide has not detected any recent increases in ILI activity or laboratory-confirmed influenza infections. Based on recommendations from both the World Health Organization (WHO) and CDC, the MOH will increase laboratory testing of patients with ILI at all surveillance sites.

#### RGC PREPARATION

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**¶5. (U)** On April 27, the RGC issued a joint MOH-WHO press release to the media, embassies, and provincial Health Departments, stating that Cambodia has increased its surveillance for unusual respiratory illnesses in hospitals, health centers, and airports. It also advised individuals with a febrile respiratory illness returning from affected countries in the last seven days to seek medical attention, and provided hotline telephone numbers for medical personnel and the public to report such illnesses. The MOH is currently assessing their inventory of medications (antiviral and antibiotic), laboratory materials such as viral transport medium, and personal protective equipment (PPE) at both the national and provincial levels. As of April 28, the MOH revealed that approximately 15,700 five-day courses of Tamiflu are available in the national stockpile. Other in-country sources of Tamiflu include all provincial Rapid Response Teams (100 tablets per team) and five hospitals (four provincial hospitals and Calmette Hospital), each with small isolation wards (100 tablets per hospital).

#### RGC STEPS UP ANIMAL SURVEILLANCE, NOT YET BANNING

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#### IMPORTS

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**¶6. (U)** Sem Sovann, Secretary of State at the Ministry of Agriculture, Forestry and Fisheries (MAFF), told Emboff that although there have not yet been any H1N1 cases in Cambodia, RGC officials are closely monitoring the outbreak and are reassuring the public that there is no need for panic. He said that when the outbreak began, the RGC implemented procedures it had in place for a potential avian influenza outbreak, such as increasing the number of veterinary and farm sanitation inspections, working with NGOs to increase surveillance of animal and farm trade in rural areas, and distributing information on the disease to rural veterinarians.

**¶7. (U)** The Cambodian Pig Raiser Association announced April 28 that it had recommended that the RGC ban all live pig imports. Sem Sovann said that an inter-ministerial working group met on April 28 to discuss potentially banning live pig imports (not pork products) from countries that had known cases of H1N1 only. As of April 29, the RGC had not yet implemented a ban. Sem Sovann said that RGC officials, including the Prime Minister, were also communicating to the public that pork products were still safe to eat if properly cooked.

#### AIRPORTS IMPLEMENT SCREENING PROCEDURES

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**¶8. (U)** Airport authorities in Phnom Penh and Siem Reap installed thermal scanners April 28 to screen incoming passengers for elevated temperatures. Officials at Phnom Penh International Airport told Emboffs April 29 that the scanners were online and functioning. The equipment had been purchased for use in a potential avian influenza outbreak.

#### DONOR COORDINATION

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**¶9. (U)** On April 28, the MOH convened a health sector swine influenza working group to address the country's medical and public health responses. Organizations present at the meeting included MOH (Communicable Diseases Control Division, Hospital Services Department, National Institute of Public Health), WHO, CDC, NAMRU-2,

Institut Pasteur in Cambodia (IPC), and Calmette Hospital. During the meeting, the MOH stated that it issued official letters to the provincial Health Departments instructing them to strengthen surveillance for acute respiratory illnesses, ILI, and abnormal respiratory events, to alert Rapid Response Teams (RRTs), and to disseminate information on H1N1 to public and private health facilities.

CDC ACTIONS: TESTING ASSISTANCE AND MEDICATION

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¶10. (SBU) WHO and CDC will continue to provide updated guidance to the MOH on surveillance, case investigation and outbreak response procedures, laboratory testing, case management (including antiviral and antibiotic treatment guidelines), infection control, and screening procedures at airports. CDC will provide both MOH and WHO with recently developed interim guidelines on antiviral treatment and community mitigation of H1N1.

¶11. (SBU) On April 29, CDC notified IPC that real-time polymerase chain reaction (PCR) test kits to detect H1N1 have been developed by the CDC Influenza Division laboratory in Atlanta, and that these kits would be ready for distribution to external influenza laboratories by the end of this week. IPC has subsequently placed orders to CDC Atlanta for test kits, and will share them with the NIPH molecular laboratory. NAMRU-2 will also receive test kits directly from U.S. Navy counterparts. Once the kits arrive, all three laboratories should have testing capacity specifically for H1N1.

¶12. (SBU) In addition to the Tamiflu medication, Post's CDC epidemiologist noted that deaths from flu traditionally occur due to secondary respiratory infection that is either viral or bacterial. Treatment of the secondary infection could require antiviral and/or antibiotic treatment in addition to or in place of Tamiflu. An inventory of stocks of antiviral and antibiotic medication is

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underway. Post is concerned that the quantity and quality of antibiotics and antivirals available locally may be an issue.

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